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Page 1 of 12

Date: March 1, 2007

To:  
Examiner Angelica Perez

Fax:  
(571) 273-8300

Art Unit:  
2618

From:  
David L. Guglielmi  
Intel Corporation

Fax:  
(503) 264-1729

Mailstop:  
JF3-147

Subject:  
10/749,980

Docket Number:  
P17911

Filing Date:  
December 20, 2003

Inventor:  
Adrian P. Stephens

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*Derek S. Watson*

*Date: March 1, 2007*

Message:

Included in this Transmission:

- Facsimile Cover Sheet (1 page)
- Transmittal Form (1 page)
- Fee Transmittal (1 page submitted in duplicate)
- Response and Amendment to Office Action (8 pages)

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PTO/SB/21 (09-04)


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/749,980	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>MAR 01 2007</b>
	Filing Date	12/30/2003	
	First Named Inventor	Adrian P. Stephens	
	Art Unit	2618	
	Examiner Name	Angelica Perez	
Total Number of Pages in This Submission	12	Attorney Docket Number	P17911

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Fax Transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Intel Corporation		
Signature	/David L. Guglielmi/Reg. No. 55,229/		
Printed name	David L. Guglielmi		
Date	March 1, 2007	Reg. No.	55,229

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Signature			
Typed or printed name	Derek S. Watson	Date	03/01/2007

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

**FEE TRANSMITTAL**  
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

**Complete if Known**

Application Number 10/749,980  
 Filing Date 12/30/2003  
 First Named Inventor Adrian P. Stephens  
 Examiner Name Angelica Perez  
 Art Unit 2618  
 Attorney Docket No. P17911

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- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
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- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		
<b>Multiple Dependent Claims</b>		
Fee (\$)		
Fee Paid (\$)		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets \_\_\_\_\_ Extra Sheets \_\_\_\_\_ Number of each additional 50 or fraction thereof \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$) \_\_\_\_\_

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	/David L. Guglielmi/Reg. No. 55,229/	Registration No. (Attorney/Agent) 55,229	Telephone 503-712-1610
Name (Print/Type)	David L. Guglielmi		Date March 1, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

**Complete if Known**

Application Number	10/749,980
Filing Date	12/30/2003
First Named Inventor	Adrian P. Stephens
Examiner Name	Angelica Perez
Art Unit	2618
Attorney Docket No.	P17911

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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

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- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	/David L. Guglielmi/Reg. No. 55,229/	Registration No. (Attorney/Agent)	55,229	Telephone	503-712-1610
Name (Print/Type)	David L. Guglielmi	Date	March 1, 2007		

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Patent Application of:

Adrian P. Stephens

Serial No.: 10/749,980

Confirmation No: 9697

Filed: Dec. 30, 2003

For: METHOD, APPARATUS AND SYSTEM  
FOR MANAGING WIRELESS NETWORK  
CHANNEL WIDTH CAPABILITIES

Art Unit: 2618

Examiner: Angelica Perez

Assistant Commissioner for Patents  
Washington, D.C. 20231**AMENDMENT AND RESPONSE**

Dear Examiner:

In response to the Office Action mailed December 1, 2006, please enter this amendment and consider the following remarks.